

AP: \_\_\_\_\_ UCC: \_\_\_\_\_

To be filled for entity  
Know Your Client (KYC)  
Application Form (For Non-Individuals Only)

Please fill this form in English & in BLOCK letters  
Fields marked \* are mandatory  
Fields marked \* are pertaining to CKYC and  
mandatory only if processing CKYC also

KYC Mode\*: Please Tick by Click on Box

Application Type\* ☐ NEW KYC ☐ Modification KYC



**MANDATORY**

**RRS SHARES & STOCK BROKERS PVT LTD**

Application Number: \_\_\_\_\_

Please tick by click of a BOX

Application Type\* ☐ NEW KYC ☐ Modification KYC

**1. ENTITY DETAILS (Please refer guidelines)**

PAN\* \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card

Name\* (same as ID proof) \_\_\_\_\_

Date of Incorporation\* \_\_\_\_\_ Place of Incorporation\* \_\_\_\_\_

Date of Commencement\* \_\_\_\_\_ Registration Number\* \_\_\_\_\_

Entity Type\* ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership  
Please tick (✓) ☐ Trust/Charity/NGO ☐ HUF ☐ FPI Category I ☐ FPI Category II  
☐ AOP ☐ Bank ☐ Government Body ☐ Defence Establishment  
☐ Body of Individuals ☐ Society ☐ LLP  
☐ Non-Government Organization  
☐ Others \_\_\_\_\_

**2. Proof of Identity\* (Please refer the guidelines)**

☐ Officially Valid Document(s) in respect of person authorised to transact

☐ Certificate of Incorporation/Formation \_\_\_\_\_ ☐ Registration Certificate \_\_\_\_\_

☐ Memorandum & Articles of Association ☐ Partnership Deed ☐ Trust Deed

☐ Board Resolution ☐ Power of attorney granted to its manager, office, employees to transact on its behalf

☐ Activity Proof-1\* (For Sole Proprietorship Only) ☐ Activity Proof-2\* (For Sole Proprietorship Only)

**3. Address Details\* (Please refer guidelines)**

**A. Registered Address\***

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

**B. Correspondence/Local Address in India (if different from above)\***

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Applicant Signature

(1)

**Proof of Address\*** (attested copy of any one POA to be submitted-#Not more than 3 months old)

- ☐ Certificate of Incorporation/Formation    ☐ Registration Certificate    ☐ Other document \_\_\_\_\_
- ☐ Latest Tel. Bill\* (Landline only)    ☐ Latest Electricity Bill\*    ☐ Latest Bank Account Statement
- ☐ Registered Lease/Sale Agreement of Office Premises    **Validity/Expiry Date of POA** (Expiry Date) \_\_\_\_
- ☐ Any other proof of address document (as listed overleaf) \_\_\_\_\_

**4. Contact Details\* (in CAPITAL)**

Email ID\* \_\_\_\_\_ Mobile No. \_\_\_\_\_

Email ID\* \_\_\_\_\_ Mobile No. \_\_\_\_\_

Tel. (Off.) \_\_\_\_\_ Fax \_\_\_\_\_

**5. Annexures Submitted**

Number of Related Persons \_\_\_\_\_

**6. Remarks/Additional Information**

**7. Applicant Declaration**

- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we aware that I/we may be held liable for it.
- I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/email address.

Date: \_\_\_\_\_ (DD-MM-YYYY)

Place: \_\_\_\_\_

Applicant e-SIGN

Applicant Wet-signature

Not Applicable

(2)

First Director/Trustee/Partner

**8. For Office Use Only**

KYC carried out by\*

KYC Date \_\_\_\_\_

Emp. Name: **ABBAS R BHARMAL**

Emp. Code: **EMP19**

Emp. Designation: **PRINCIPAL OFFCER MUMBAI**

Employee Signature and Stamp

☐ Self Certified document copies received (OVD)

☐ True Copies of documents received (Attested)

AMC/Intermediary Name or Code:

Pos Code:

**RRS SHARES & STOCK BROKERS PVT LTD**

CODE:

**IPV Stamp & Signature Required**

**MANDATORY****First Director/Trustee/Partner**

Know Your Client (KYC)

Annexure (For Non-Individuals Only)

Please fill this form in English &amp; in BLOCK letters

Fields marked \* are mandatory

Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

**RRS SHARES & STOCK BROKERS PVT LTD**

Application Number: \_\_\_\_\_

CKYC Number: \_\_\_\_\_

Please tick by click of a BOX

Application Type\* ☐ NEW KYC ☐ Modification KYC**1. IDENTITY DETAILS of Related Person (Please refer guidelines overleaf)**

PAN\* \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card

Name\* (same as ID proof) \_\_\_\_\_

Maiden Name\* (if any) \_\_\_\_\_

Father/Spouse's Name\* \_\_\_\_\_

Date of Birth\* \_\_\_\_\_

Gender\* ☐ M- Male ☐ F- Female ☐ T-TransgenderNationality\* ☐ Indian ☐ Other \_\_\_\_\_

(3)

Applicant Photo

Related Person Type\*

☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointed Official Proprietor☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Beneficial Owner☐ Others \_\_\_\_\_ (please specify) DIN: \_\_\_\_\_ (mandatory if the related person is Director)

Proof of Identity (POI) submitted for PAN exempted cases (please tick)

☐ A - Aadhaar Card XXXX XXXX \_\_\_\_\_☐ B - Passport Number \_\_\_\_\_ (Expiry Date) \_\_\_\_\_☐ C - Voter ID Card \_\_\_\_\_☐ D - Driving Licence \_\_\_\_\_ (Expiry Date) \_\_\_\_\_☐ E - NREGA Job Card \_\_\_\_\_☐ F - National Population Register Letter \_\_\_\_\_☐ Z - Others \_\_\_\_\_ (any document notified by Central Government)

Identification Number \_\_\_\_\_

**2. Address Details\* (Please refer guidelines overleaf)**

A. Correspondence/Local Address\*

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Applicant e-SIGN

Not Applicable

**B. Permanent residence address of applicant, if different from above A/Overseas Address\* (Mandatory for NRI applicant)**

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified**Proof of Address\*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

- ☐ A - Aadhaar Card XXXX XXXX \_\_\_\_\_
- ☐ B - Passport Number \_\_\_\_\_ (Expiry Date) \_\_\_\_\_
- ☐ C - Voter ID Card \_\_\_\_\_
- ☐ D - Driving Licence \_\_\_\_\_ (Expiry Date) \_\_\_\_\_
- ☐ E - NREGA Job Card \_\_\_\_\_
- ☐ F - National Population Register Letter \_\_\_\_\_
- ☐ Z - Others \_\_\_\_\_ (any document notified by Central Government)
- Identification Number \_\_\_\_\_

**3. Contact Details\* (in CAPITAL)**

Email ID\* \_\_\_\_\_

Mobile Number\* \_\_\_\_\_

Tel. (Off.) \_\_\_\_\_ Tel. (Res.) \_\_\_\_\_

**4. Applicant Declaration**

- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we aware that I/we may be held liable for it.
- I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/email address.

Date: \_\_\_\_\_ (DD-MM-YYYY)

Place: \_\_\_\_\_

Applicant e-SIGN

Not Applicable

Applicant Wet-signature

(4)  


First Director/Trustee/Partner

**5. For Office Use Only**

KYC carried out by\*

Intermediary Details\*

KYC Date \_\_\_\_\_  
Emp. Name: **ABBAS R BHARMAL**Emp. Code: **EMP19**Emp. Designation: **PRINCIPAL OFFCER MUMBAI**

- ☐ Self Certified document copies received (OVD)
- ☐ True Copies of documents received (Attested)

Pos Code:

**RRS SHARES & STOCK BROKERS PVT LTD**

CODE:

Employee Signature and Stamp

Institution Name &amp; Stamp

(Please consult your professional tax advisor for further guidance on your tax residency FATCA/CRS Guidance)

PAN Client Code Name  Gender  M  F  OType of address given at KYC KRA Residential  Residential & Business  Business Place of Birth Country of Birth Nationality 

Gross Annual Income Details in INR	Below 1 Lakh	5-10 Lakh	25 Lakh - 1 Crore	Networth in INR in Lakhs Rs.: <input type="text"/> Net worth as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	1-5 Lakh	10-25 Lakh	> 1 Crore	

Occupation Details	Business	Professional	Public Sector	Housewife	Retired
	Private Sector	Government Service	Agriculturist	Student	Forex Dealer
	Others (Please specify) <input type="text"/>				

Politically Exposed Person (PEP) Yes  Related to PEP  Not Applicable Are you a tax resident of any country other than India? Yes  No 

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers &amp; type.

S. No.	Country of Tax Residency*	Tax identification Number/ # Functional Equivalent	Identification Type (TIN or Other, please specify)
1			
2			
3			
4			

\* To include all countries other than India, where investor is Citizen/Resident/Green Card Holder/Tax Resident in those respective countries especially of USA # In case Tax identification Number is not available, kindly provide its functional equivalent

**Declaration**

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I may liable for it. I hereby authorize **RRS Shares & Stock Brokers Pvt Ltd** to disclose, share, rely, remit in any form, mode or manner, all/any of the information provided by me, including all changes, updates to such information as and when provided by me to/any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental to statutory judicial authorities/agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax/revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI/ RBI/ IRDA/ PFRDA to facilitate single submission/update & for other relevant purposes. I also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your/Fund's end or by domestic or overseas regulators/tax authorities. I/We authorize **RRS Shares & Stock Brokers Pvt Ltd** to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same.

**Certification**

I/We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

**Signature**DATE        PLACE

Date: \_\_\_\_\_

To,

RRS Shares & Stock Brokers Pvt Ltd  
Mumbai

Dear Sir,

I \_\_\_\_\_ (name of the applicant) the undersigned, hereby undertake and declare that I do not have a separate email id/mobile number and request you to record the email id/mobile number of my \_\_\_\_\_ (relation) \_\_\_\_\_ (name of the family member) for Cdsl Bold \_\_\_\_\_ and trading UCC \_\_\_\_\_, as my email id/mobile number for all the future correspondence.

Yours faithfully,

Email id: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

**MANDATORY****Second Director/Trustee/Partner**

Know Your Client (KYC)

Annexure (For Non-Individuals Only)

Please fill this form in English &amp; in BLOCK letters

Fields marked \* are mandatory

Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

**RRS SHARES & STOCK BROKERS PVT LTD**

Application Number: \_\_\_\_\_

CKYC Number: \_\_\_\_\_

Please tick by click of a BOX

Application Type\* ☐ NEW KYC ☐ Modification KYC**1. IDENTITY DETAILS of Related Person (Please refer guidelines overleaf)**

PAN\* \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card

Name\* (same as ID proof) \_\_\_\_\_

Maiden Name\* (if any) \_\_\_\_\_

Father/Spouse's Name\* \_\_\_\_\_

Date of Birth\* \_\_\_\_\_

Gender\* ☐ M- Male ☐ F- Female ☐ T-TransgenderNationality\* ☐ Indian ☐ Other \_\_\_\_\_

(5)

Applicant Photo

Related Person Type\*

☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointed Official Proprietor☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Beneficial Owner☐ Others \_\_\_\_\_ (please specify) DIN: \_\_\_\_\_ (mandatory if the related person is Director)

Proof of Identity (POI) submitted for PAN exempted cases (please tick)

☐ A - Aadhaar Card XXXX XXXX \_\_\_\_\_☐ B - Passport Number \_\_\_\_\_ (Expiry Date) \_\_\_\_\_☐ C - Voter ID Card \_\_\_\_\_☐ D - Driving Licence \_\_\_\_\_ (Expiry Date) \_\_\_\_\_☐ E - NREGA Job Card \_\_\_\_\_☐ F - National Population Register Letter \_\_\_\_\_☐ Z - Others \_\_\_\_\_ (any document notified by Central Government)

Identification Number \_\_\_\_\_

**2. Address Details\* (Please refer guidelines overleaf)**

A. Correspondence/Local Address\*

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Applicant e-SIGN

Not Applicable

**B. Permanent residence address of applicant, if different from above A/Overseas Address\* (Mandatory for NRI applicant)**

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified**Proof of Address\*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

- ☐ A - Aadhaar Card XXXX XXXX \_\_\_\_\_
- ☐ B - Passport Number \_\_\_\_\_ (Expiry Date) \_\_\_\_\_
- ☐ C - Voter ID Card \_\_\_\_\_
- ☐ D - Driving Licence \_\_\_\_\_ (Expiry Date) \_\_\_\_\_
- ☐ E - NREGA Job Card \_\_\_\_\_
- ☐ F - National Population Register Letter \_\_\_\_\_
- ☐ Z - Others \_\_\_\_\_ (any document notified by Central Government)
- Identification Number \_\_\_\_\_

**3. Contact Details\* (in CAPITAL)**

Email ID\* \_\_\_\_\_

Mobile Number\* \_\_\_\_\_

Tel. (Off.) \_\_\_\_\_ Tel. (Res.) \_\_\_\_\_

**4. Applicant Declaration**

- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we aware that I/we may be held liable for it.
- I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/email address.

Date: \_\_\_\_\_ (DD-MM-YYYY)

Place: \_\_\_\_\_

Applicant e-SIGN

Not Applicable

Applicant Wet-signature

(6)  


Second Director/Trustee/Partner

**5. For Office Use Only**

KYC carried out by\*

Intermediary Details\*

KYC Date \_\_\_\_\_

Emp. Name: **ABBAS R BHARMAL**Emp. Code: **EMP19**Emp. Designation: **PRINCIPAL OFFICER MUMBAI**☐ Self Certified document copies received (OVD)☐ True Copies of documents received (Attested)

Pos Code:

**RRS SHARES & STOCK BROKERS PVT LTD**

CODE:

Employee Signature and Stamp

Institution Name &amp; Stamp



(Please consult your professional tax advisor for further guidance on your tax residency FATCA/CRS Guidance)

PAN Client Code Name  Gender  M  F  OType of address given at KYC KRA Residential  Residential & Business  Business Place of Birth Country of Birth Nationality 

Gross Annual Income Details in INR	Below 1 Lakh	5-10 Lakh	25 Lakh - 1 Crore	Networth in INR in Lakhs Rs.: <input type="text"/> Net worth as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	1-5 Lakh	10-25 Lakh	> 1 Crore	

Occupation Details	Business	Professional	Public Sector	Housewife	Retired
	Private Sector	Government Service	Agriculturist	Student	Forex Dealer
	Others (Please specify) <input type="text"/>				

Politically Exposed Person (PEP) Yes  Related to PEP  Not Applicable Are you a tax resident of any country other than India? Yes  No 

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers &amp; type.

S. No.	Country of Tax Residency*	Tax identification Number/ # Functional Equivalent	Identification Type (TIN or Other, please specify)
1			
2			
3			
4			

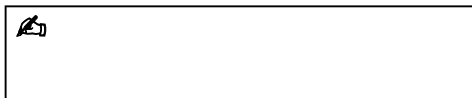
\* To include all countries other than India, where investor is Citizen/Resident/Green Card Holder/Tax Resident in those respective countries especially of USA # In case Tax identification Number is not available, kindly provide its functional equivalent

**Declaration**

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I may liable for it. I hereby authorize **RRS Shares & Stock Brokers Pvt Ltd** to disclose, share, rely, remit in any form, mode or manner, all/any of the information provided by me, including all changes, updates to such information as and when provided by me to/any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental to statutory judicial authorities/agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax/revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI/ RBI/ IRDA/ PFRDA to facilitate single submission/update & for other relevant purposes. I also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your/Fund's end or by domestic or overseas regulators/tax authorities. I/We authorize **RRS Shares & Stock Brokers Pvt Ltd** to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same.

**Certification**

I/We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

**Signature**

DATE        PLACE

Date: \_\_\_\_\_

To,

RRS Shares & Stock Brokers Pvt Ltd  
Mumbai

Dear Sir,

I \_\_\_\_\_ (name of the applicant) the undersigned, hereby undertake and declare that I do not have a separate email id/mobile number and request you to record the email id/mobile number of my \_\_\_\_\_ (relation) \_\_\_\_\_ (name of the family member) for Cdsl Bold \_\_\_\_\_ and trading UCC \_\_\_\_\_, as my email id/mobile number for all the future correspondence.

Yours faithfully,

Email id: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

**MANDATORY****Third Director/Trustee/Partner**

Know Your Client (KYC)

Annexure (For Non-Individuals Only)

Please fill this form in English &amp; in BLOCK letters

Fields marked \* are mandatory

Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

**RRS SHARES & STOCK BROKERS PVT LTD**

Application Number: \_\_\_\_\_

CKYC Number: \_\_\_\_\_

Please tick by click of a BOX

Application Type\* ☐ NEW KYC ☐ Modification KYC**1. IDENTITY DETAILS of Related Person (Please refer guidelines overleaf)**

PAN\* \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card

Name\* (same as ID proof) \_\_\_\_\_

Maiden Name\* (if any) \_\_\_\_\_

Father/Spouse's Name\* \_\_\_\_\_

Date of Birth\* \_\_\_\_\_

Gender\* ☐ M- Male ☐ F- Female ☐ T-TransgenderNationality\* ☐ Indian ☐ Other \_\_\_\_\_

(7)

Applicant Photo

Related Person Type\*

☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointed Official Proprietor☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Beneficial Owner☐ Others \_\_\_\_\_ (please specify) DIN: \_\_\_\_\_ (mandatory if the related person is Director)

Proof of Identity (POI) submitted for PAN exempted cases (please tick)

☐ A - Aadhaar Card XXXX XXXX \_\_\_\_\_☐ B - Passport Number \_\_\_\_\_ (Expiry Date) \_\_\_\_\_☐ C - Voter ID Card \_\_\_\_\_☐ D - Driving Licence \_\_\_\_\_ (Expiry Date) \_\_\_\_\_☐ E - NREGA Job Card \_\_\_\_\_☐ F - National Population Register Letter \_\_\_\_\_☐ Z - Others \_\_\_\_\_ (any document notified by Central Government)

Identification Number \_\_\_\_\_

**2. Address Details\* (Please refer guidelines overleaf)**

A. Correspondence/Local Address\*

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Applicant e-SIGN

Not Applicable

**B. Permanent residence address of applicant, if different from above A/Overseas Address\* (Mandatory for NRI applicant)**

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified**Proof of Address\*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

- ☐ A - Aadhaar Card XXXX XXXX \_\_\_\_\_
- ☐ B - Passport Number \_\_\_\_\_ (Expiry Date) \_\_\_\_\_
- ☐ C - Voter ID Card \_\_\_\_\_
- ☐ D - Driving Licence \_\_\_\_\_ (Expiry Date) \_\_\_\_\_
- ☐ E - NREGA Job Card \_\_\_\_\_
- ☐ F - National Population Register Letter \_\_\_\_\_
- ☐ Z - Others \_\_\_\_\_ (any document notified by Central Government)
- Identification Number \_\_\_\_\_

**3. Contact Details\* (in CAPITAL)**

Email ID\* \_\_\_\_\_

Mobile Number\* \_\_\_\_\_

Tel. (Off.) \_\_\_\_\_ Tel. (Res.) \_\_\_\_\_

**4. Applicant Declaration**

- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we aware that I/we may be held liable for it.
- I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/email address.

Date: \_\_\_\_\_ (DD-MM-YYYY)

Place: \_\_\_\_\_

Applicant e-SIGN

Not Applicable

Applicant Wet-signature

(8)  


Third Director/Trustee/Partner

**5. For Office Use Only**

KYC carried out by\*

Intermediary Details\*

KYC Date \_\_\_\_\_

Emp. Name: **ABBAS R BHARMAL**Emp. Code: **EMP19**Emp. Designation: **PRINCIPAL OFFICER MUMBAI**☐ Self Certified document copies received (OVD)☐ True Copies of documents received (Attested)

Pos Code:

**RRS SHARES & STOCK BROKERS PVT LTD**

CODE:

Employee Signature and Stamp

Institution Name &amp; Stamp

(Please consult your professional tax advisor for further guidance on your tax residency FATCA/CRS Guidance)

PAN Client Code Name  Gender  M  F  OType of address given at KYC KRA Residential  Residential & Business  Business Place of Birth Country of Birth Nationality 

Gross Annual Income Details in INR	Below 1 Lakh	5-10 Lakh	25 Lakh - 1 Crore	Networth in INR in Lakhs Rs.: <input type="text"/> Net worth as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	1-5 Lakh	10-25 Lakh	> 1 Crore	

Occupation Details	Business	Professional	Public Sector	Housewife	Retired
	Private Sector	Government Service	Agriculturist	Student	Forex Dealer
	Others (Please specify) <input type="text"/>				

Politically Exposed Person (PEP) Yes  Related to PEP  Not Applicable Are you a tax resident of any country other than India? Yes  No 

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers &amp; type.

S. No.	Country of Tax Residency*	Tax identification Number/ # Functional Equivalent	Identification Type (TIN or Other, please specify)
1			
2			
3			
4			

\* To include all countries other than India, where investor is Citizen/Resident/Green Card Holder/Tax Resident in those respective countries especially of USA # In case Tax identification Number is not available, kindly provide its functional equivalent

**Declaration**

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I may liable for it. I hereby authorize **RRS Shares & Stock Brokers Pvt Ltd** to disclose, share, rely, remit in any form, mode or manner, all/any of the information provided by me, including all changes, updates to such information as and when provided by me to/any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental to statutory judicial authorities/agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax/revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI/ RBI/ IRDA/ PFRDA to facilitate single submission/update & for other relevant purposes. I also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your/Fund's end or by domestic or overseas regulators/tax authorities. I/We authorize **RRS Shares & Stock Brokers Pvt Ltd** to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same.

**Certification**

I/We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

**Signature**DATE        PLACE

Date: \_\_\_\_\_

To,

RRS Shares & Stock Brokers Pvt Ltd  
Mumbai



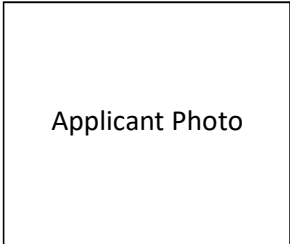
Dear Sir,

I \_\_\_\_\_ (name of the applicant) the undersigned, hereby undertake and declare that I do not have a separate email id/mobile number and request you to record the email id/mobile number of my \_\_\_\_\_ (relation) \_\_\_\_\_ (name of the family member) for Cdsl Bold \_\_\_\_\_ and trading UCC \_\_\_\_\_, as my email id/mobile number for all the future correspondence.

Yours faithfully,

Email id: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

<b>Director/Trustee/Partner</b>		 		<b>MANDATORY</b>
Know Your Client (KYC) Annexure (For Non-Individuals Only)		<b>RRS SHARES &amp; STOCK BROKERS PVT LTD</b>		
Please fill this form in English & in BLOCK letters Fields marked * are mandatory Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also		Application Number: _____ CKYC Number: _____		
Please tick by click of a BOX Application Type* <input type="checkbox"/> NEW KYC <input type="checkbox"/> Modification KYC				
<b>1. IDENTITY DETAILS of Related Person (Please refer guidelines overleaf)</b>				
PAN* _____ Please enclose a duly attested copy of your PAN Card				
Name* (same as ID proof) _____				
Maiden Name* (if any) _____				
Father/Spouse's Name* _____				
Date of Birth* _____				
Gender* <input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender				
Nationality* <input type="checkbox"/> Indian <input type="checkbox"/> Other _____				
Related Person Type*				
<input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Court Appointed Official Proprietor				
<input type="checkbox"/> Beneficiary <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Beneficial Owner				
<input type="checkbox"/> Others _____ (please specify) DIN: _____ (mandatory if the related person is Director)				
Proof of Identity (POI) submitted for PAN exempted cases (please tick)				
<input type="checkbox"/> A - Aadhaar Card XXXX XXXX _____				
<input type="checkbox"/> B - Passport Number _____ (Expiry Date) _____				
<input type="checkbox"/> C - Voter ID Card _____				
<input type="checkbox"/> D - Driving Licence _____ (Expiry Date) _____				
<input type="checkbox"/> E - NREGA Job Card _____				
<input type="checkbox"/> F - National Population Register Letter _____				
<input type="checkbox"/> Z - Others _____ (any document notified by Central Government)				
Identification Number _____				
<b>2. Address Details* (Please refer guidelines overleaf)</b>				
A. Correspondence/Local Address*				
Line 1* _____				
Line 2 _____				
Line 3 _____				
City/Town/Village* _____ District* _____ Pin Code* _____				
State* _____ Country* _____				
Address Type* <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified				
				Applicant e-SIGN
				Not Applicable

**B. Permanent residence address of applicant, if different from above A/Overseas Address\* (Mandatory for NRI applicant)**

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified**Proof of Address\*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

- ☐ A - Aadhaar Card XXXX XXXX \_\_\_\_\_
- ☐ B - Passport Number \_\_\_\_\_ (Expiry Date) \_\_\_\_\_
- ☐ C - Voter ID Card \_\_\_\_\_
- ☐ D - Driving Licence \_\_\_\_\_ (Expiry Date) \_\_\_\_\_
- ☐ E - NREGA Job Card \_\_\_\_\_
- ☐ F - National Population Register Letter \_\_\_\_\_
- ☐ Z - Others \_\_\_\_\_ (any document notified by Central Government)
- Identification Number \_\_\_\_\_

**3. Contact Details\* (in CAPITAL)**

Email ID\* \_\_\_\_\_

Mobile Number\* \_\_\_\_\_

Tel. (Off.) \_\_\_\_\_ Tel. (Res.) \_\_\_\_\_

**4. Applicant Declaration**

- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we aware that I/we may be held liable for it.
- I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/email address.

Date: \_\_\_\_\_ (DD-MM-YYYY)

Place: \_\_\_\_\_

Applicant e-SIGN

Applicant Wet-signature

Not Applicable

Second Director/Trustee/Partner

**5. For Office Use Only**

KYC carried out by\*

Intermediary Details\*

KYC Date \_\_\_\_\_

Emp. Name: **ABBAS R BHARMAL**Emp. Code: **EMP19**Emp. Designation: **PRINCIPAL OFFICER MUMBAI**☐ Self Certified document copies received (OVD)☐ True Copies of documents received (Attested)

Pos Code:

**RRS SHARES & STOCK BROKERS PVT LTD**

CODE:

Employee Signature and Stamp

Institution Name &amp; Stamp



(Please consult your professional tax advisor for further guidance on your tax residency FATCA/CRS Guidance)

PAN Client Code Name  Gender  M  F  OType of address given at KYC KRA  Residential  Residential & Business  Business Place of Birth Country of Birth Nationality 

Gross Annual Income Details in INR	Below 1 Lakh	5-10 Lakh	25 Lakh - 1 Crore	Networth in INR in Lakhs Rs.: <input type="text"/> Net worth as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	1-5 Lakh	10-25 Lakh	> 1 Crore	

Occupation Details	Business	Professional	Public Sector	Housewife	Retired
	Private Sector	Government Service	Agriculturist	Student	Forex Dealer
	Others (Please specify) <input type="text"/>				

Politically Exposed Person (PEP)  Yes  Related to PEP  Not Applicable Are you a tax resident of any country other than India?  Yes  No 

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers &amp; type.

S. No.	Country of Tax Residency*	Tax identification Number/ # Functional Equivalent	Identification Type (TIN or Other, please specify)
1			
2			
3			
4			

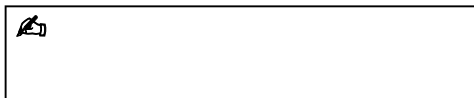
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**Declaration**

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**Signature**

DATE        PLACE

Date: \_\_\_\_\_

To,

RRS Shares & Stock Brokers Pvt Ltd  
Mumbai




Dear Sir,

I \_\_\_\_\_ (name of the applicant) the undersigned, hereby undertake and declare that I do not have a separate email id/mobile number and request you to record the email id/mobile number of my \_\_\_\_\_ (relation) \_\_\_\_\_ (name of the family member) for Cdsl Bold \_\_\_\_\_ and trading UCC \_\_\_\_\_, as my email id/mobile number for all the future correspondence.

Yours faithfully,

Email id: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

<b>Director/Trustee/Partner</b>		 		<b>MANDATORY</b>
Know Your Client (KYC) Annexure (For Non-Individuals Only)		<b>RRS SHARES &amp; STOCK BROKERS PVT LTD</b>		
Please fill this form in English & in BLOCK letters Fields marked * are mandatory Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also		Application Number: _____ CKYC Number: _____		
Please tick by click of a BOX Application Type* <input type="checkbox"/> NEW KYC <input type="checkbox"/> Modification KYC				
<b>1. IDENTITY DETAILS of Related Person (Please refer guidelines overleaf)</b>				
PAN* _____ Please enclose a duly attested copy of your PAN Card				
Name* (same as ID proof) _____				
Maiden Name* (if any) _____				
Father/Spouse's Name* _____				
Date of Birth* _____				
Gender* <input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender				
Nationality* <input type="checkbox"/> Indian <input type="checkbox"/> Other _____				
Related Person Type*				
<input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Court Appointed Official Proprietor				
<input type="checkbox"/> Beneficiary <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Beneficial Owner				
<input type="checkbox"/> Others _____ (please specify) DIN: _____ (mandatory if the related person is Director)				
Proof of Identity (POI) submitted for PAN exempted cases (please tick)				
<input type="checkbox"/> A - Aadhaar Card XXXX XXXX _____				
<input type="checkbox"/> B - Passport Number _____ (Expiry Date) _____				
<input type="checkbox"/> C - Voter ID Card _____				
<input type="checkbox"/> D - Driving Licence _____ (Expiry Date) _____				
<input type="checkbox"/> E - NREGA Job Card _____				
<input type="checkbox"/> F - National Population Register Letter _____				
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Identification Number _____				
<b>2. Address Details* (Please refer guidelines overleaf)</b>				
A. Correspondence/Local Address*				
Line 1* _____				
Line 2 _____				
Line 3 _____				
City/Town/Village* _____ District* _____ Pin Code* _____				
State* _____ Country* _____				
Address Type* <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified				
				Applicant e-SIGN
				Not Applicable

**B. Permanent residence address of applicant, if different from above A/Overseas Address\* (Mandatory for NRI applicant)**

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified**Proof of Address\*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

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- ☐ E - NREGA Job Card \_\_\_\_\_
- ☐ F - National Population Register Letter \_\_\_\_\_
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- Identification Number \_\_\_\_\_

**3. Contact Details\* (in CAPITAL)**

Email ID\* \_\_\_\_\_

Mobile Number\* \_\_\_\_\_

Tel. (Off.) \_\_\_\_\_ Tel. (Res.) \_\_\_\_\_

**4. Applicant Declaration**

- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we aware that I/we may be held liable for it.
- I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/email address.

Date: \_\_\_\_\_ (DD-MM-YYYY)

Place: \_\_\_\_\_

Applicant e-SIGN

Applicant Wet-signature

Not Applicable

Second Director/Trustee/Partner

**5. For Office Use Only**

KYC carried out by\*

Intermediary Details\*

KYC Date \_\_\_\_\_

Emp. Name: **ABBAS R BHARMAL**Emp. Code: **EMP19**Emp. Designation: **PRINCIPAL OFFCER MUMBAI**☐ Self Certified document copies received (OVD)☐ True Copies of documents received (Attested)

Pos Code:

**RRS SHARES & STOCK BROKERS PVT LTD**

CODE:

Employee Signature and Stamp

Institution Name &amp; Stamp

(Please consult your professional tax advisor for further guidance on your tax residency FATCA/CRS Guidance)

PAN Client Code Name  Gender  M  F  OType of address given at KYC KRA  Residential  Residential & Business  Business Place of Birth Country of Birth Nationality 

Gross Annual Income Details in INR	Below 1 Lakh	5-10 Lakh	25 Lakh - 1 Crore	Networth in INR in Lakhs Rs.: <input type="text"/> Net worth as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	1-5 Lakh	10-25 Lakh	> 1 Crore	

Occupation Details	Business	Professional	Public Sector	Housewife	Retired
	Private Sector	Government Service	Agriculturist	Student	Forex Dealer
	Others (Please specify) <input type="text"/>				

Politically Exposed Person (PEP)  Yes  Related to PEP  Not Applicable Are you a tax resident of any country other than India?  Yes  No 

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers &amp; type.

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**Declaration**

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**Certification**

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**Signature**DATE        PLACE

Date: \_\_\_\_\_

To,

RRS Shares & Stock Brokers Pvt Ltd  
Mumbai

Dear Sir,

I \_\_\_\_\_ (name of the applicant) the undersigned, hereby undertake and declare that I do not have a separate email id/mobile number and request you to record the email id/mobile number of my \_\_\_\_\_ (relation) \_\_\_\_\_ (name of the family member) for Cdsl Bold \_\_\_\_\_ and trading UCC \_\_\_\_\_, as my email id/mobile number for all the future correspondence.

Yours faithfully,

Email id: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

## INSTRUCTIONS/CHECK LIST FOR FILLING KYC FORM

### A. IMPORTANT POINTS:

1. Self-attestation of documents is mandatory.
2. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by ones authorized for attesting the documents, as per below list mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent addresses are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OCI Card and overseas address proof is mandatory.
8. For foreign ones, CIN is optional; and in absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/ Passport of Minor/Birth Certificate must be provided.
11. Politically exposed persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country e.g., Head of State or of Government, senior politician, senior government/judiciary/military officer, senior executive of state owned corporation, important political party official etc.

### B. Proof of Identity (POI): - List of documents admissible as Proof of Identity:

1. PAN card with photograph is mandatory for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Original Verified Documents (OVD) are acceptable: Unique Identification Number (UID) (Aadhaar)/Passport/Voter ID card/Driving License/Letter issued by NPR/NREGA job card.
3. If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
4. Mention identification/reference number if 'Z' - Others (any document notified by the central government) is ticked.
5. Others - Identity card with applicant's photograph issued by any of the following: Central/State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members and Credit cards/Debit cards issued by Banks.

### C. Proof of Address (POA): - List of documents admissible as Proof of Address:

- (\*Documents having an expiry date should be valid on the date of submission.)
1. POA to be submitted only if the submitted POI does not have an address or address as per POI is invalid or not in force.
  2. Others includes - Utility bill which is not more than 3 months old of any service provider (electricity,

landline telephone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India

3. Identity card with applicant's photograph and address issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members
4. Self declaration of High courts/Supreme court judges, giving the new address in respect of their own accounts.
5. For FI/Sub account, Power of attorney given by FI/Sub account to the custodians (which are duly notarized and/or apostilled or consularized) that gives registered address should be taken.
6. Proof of address in name of spouse may be accepted.
7. Registered lease or Sale agreement/Flat maintenance bill/Insurance copy/Ration card/Latest Property tax
8. Original Verified Documents (OVD) are acceptable: Unique Identification Number (UID) (Aadhaar)/Passport/Voter ID card/Driving License/Letter issued by NPR/NREGA job card

### D. Exemptions/clarifications to PAN

(\*Sufficient documentary evidence in support of such claims to be collected.)

1. Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.
2. Transactions undertaken on behalf of Central/State Government, by Officials appointed by Courts, e.g. Official liquidator, Court receiver, etc.
3. Investors residing in the state of Sikkim.
4. UN and multilateral agencies exempt from paying taxes/filing tax returns in India.
5. In case of institutional clients, namely FIs, MFs, VCFs, FVCIs, Scheduled commercial bank, Multilateral and Bilateral development financial institutions, State Industrial development corporations, insurance companies registered with IRDA and public financial institutions as defined under section 4A of the Company Act 1956, custodians shall verify the PAN card details with the original PANs and provide duly certified copies of such verified PAN details to the intermediary.

### E. List of people authorized to attest the documents:

1. Authorized Official of Asset Management Companies (AMCs).
2. Authorized Official of Registrar & Transfer Agent (RTA) acting on behalf of the AMC.
3. KYC compliant mutual fund distributors affiliated to Association of Mutual Funds (AMFI) and have undergone the process of 'Know Your Distributor (KYD)'.
4. Notary Public, Gazette Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.

### F. Online Mode Processing of KYC:

#### ONLINE KYC

- Applicant may directly upload their documents (OVD) as scanned images on intermediary's portal.
- The documents should be digitally signed using DSC.
- Intermediary attestation on documents (OSV) is exempted.

Types of entity	Additional Documents Required over & above PAN, POI & POA
<b>Corporate</b>	<ul style="list-style-type: none"> <li>• Copy of Balance Sheet for the last to financial years (to be submitted every year).</li> <li>• Copy of latest share-holding pattern including the list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover regulations, duly certified by the company secretary/whole time director/MD (to be submitted every year).</li> <li>• Photograph, POI, POA, PAN and DIN number of the whole time Director/ 2 directors in charge of day to day operations.</li> <li>• Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly.</li> <li>• Copy of Memorandum and Articles of Association and Certificate of Incorporation.</li> <li>• Copy of Board Resolution for Investment in security markets. • Authorized signatories list with specimen signatures.</li> <li>• Shareholding pattern.</li> </ul>
<b>Partnership firm</b>	<ul style="list-style-type: none"> <li>• Copy of Balance Sheet for the last to financial years (to be submitted every year).</li> <li>• Certificate of Registration (for registered partnership firms only). • Copy of Partnership Deed.</li> <li>• Authorized signatories list with specimen signatures. • Photograph, POI, POA, PAN of Partners. • Shareholding pattern.</li> </ul>
<b>Trust</b>	<ul style="list-style-type: none"> <li>• Copy of Balance Sheet for the last to financial years (to be submitted every year).</li> <li>• Certificate of Registration (for registered Trusts only). • Copy of Trust Deed.</li> <li>• List of Trustees certified by Managing Trustees/CA • Photograph, POI, POA, PAN of Trustees.</li> </ul>
<b>HUF</b>	<ul style="list-style-type: none"> <li>• PAN of HUF. • Deed of declaration of HUF or List of Co-parceners.</li> <li>• Bank Pass-book/bank statement in the name of HUF. • Photograph, POI, POA, PAN of Karta.</li> </ul>
<b>Unincorporated Association or a body of individuals</b>	<ul style="list-style-type: none"> <li>• Proof of Existence/Constitution document.</li> <li>• Resolution of the managing body &amp; Power of Attorney granted to transact business on its behalf.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
<b>Banks/Institutional Investors</b>	<ul style="list-style-type: none"> <li>• Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
<b>Army/ Government Bodies</b>	<ul style="list-style-type: none"> <li>• Self-certification on letterhead.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
<b>Registered Society</b>	<ul style="list-style-type: none"> <li>• Copy of Registration Certificate under Societies Registration Act. • List of Managing Committee members.</li> <li>• Committee resolution for persons authorised to act as authorised signatories with specimen signatures.</li> <li>• True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.</li> </ul>
<b>FPI Category I</b>	<ul style="list-style-type: none"> <li>• FPI Certificate • Constitution Documents</li> <li>• Copy of Board Resolution (optional) • Shareholding pattern and Ultimate Beneficiary Owners List (UBO)</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
<b>FPI Category II</b>	<ul style="list-style-type: none"> <li>• FPI Certificate • Constitution Documents</li> <li>• Copy of Board Resolution • Shareholding pattern and Ultimate Beneficiary Owners List (UBO) with UBO proof of identity</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>

### Annexure

Details of Promoters / Partners / karta / Trustees and whole time directors forming a part of KYC Application Form for Non-Individuals

Name of Applicant: \_\_\_\_\_ PAN of the Applicant: \_\_\_\_\_

Name: _____	Signature across Photograph
Regd./Residential Address: _____	
Tel./Mobile No.: _____ DIN Number: _____	
Unique Identification Number(UID) / AADHAAR if Any: _____	
Relationship with Applicant: _____ PAN: _____ (9)	

Please tick, if applicable: ☐ Politically Exposed Person (PEP)  
☐ Related to a Politically Exposed Person (RPEP)  
☐ No

Name: _____	Signature across Photograph
Regd./Residential Address: _____	
Tel./Mobile No.: _____ DIN Number: _____	
Unique Identification Number(UID) / AADHAAR if Any: _____	
Relationship with Applicant: _____ PAN: _____ (10)	

Please tick, if applicable: ☐ Politically Exposed Person (PEP)  
☐ Related to a Politically Exposed Person (RPEP)  
☐ No

Name: _____	Signature across Photograph
Regd./Residential Address: _____	
Tel./Mobile No.: _____ DIN Number: _____	
Unique Identification Number(UID) / AADHAAR if Any: _____	
Relationship with Applicant: _____ PAN: _____ (11)	

Please tick, if applicable: ☐ Politically Exposed Person (PEP)  
☐ Related to a Politically Exposed Person (RPEP)  
☐ No

Name: _____	Signature across Photograph
Regd./Residential Address: _____	
Tel./Mobile No.: _____ DIN Number: _____	
Unique Identification Number(UID) / AADHAAR if Any: _____	
Relationship with Applicant: _____ PAN: _____ (12)	

Please tick, if applicable: ☐ Politically Exposed Person (PEP)  
☐ Related to a Politically Exposed Person (RPEP)  
☐ No

Name & Signature of the Authorised Signatory(ies)

Date \_\_\_\_\_



### Annexure

Details of Promoters / Partners / karta / Trustees and whole time directors forming a part of KYC Application Form for Non-Individuals

Name of Applicant: \_\_\_\_\_ PAN of the Applicant: \_\_\_\_\_

Name: _____	Signature across Photograph
Regd./Residential Address: _____	
Tel./Mobile No.: _____ DIN Number: _____	
Unique Identification Number(UID) / AADHAAR if Any: _____	
Relationship with Applicant: _____ PAN: _____ (9)	

Please tick, if applicable: ☐ Politically Exposed Person (PEP)  
☐ Related to a Politically Exposed Person (RPEP)  
☐ No

Name: _____	Signature across Photograph
Regd./Residential Address: _____	
Tel./Mobile No.: _____ DIN Number: _____	
Unique Identification Number(UID) / AADHAAR if Any: _____	
Relationship with Applicant: _____ PAN: _____ (10)	

Please tick, if applicable: ☐ Politically Exposed Person (PEP)  
☐ Related to a Politically Exposed Person (RPEP)  
☐ No

Name: _____	Signature across Photograph
Regd./Residential Address: _____	
Tel./Mobile No.: _____ DIN Number: _____	
Unique Identification Number(UID) / AADHAAR if Any: _____	
Relationship with Applicant: _____ PAN: _____ (11)	

Please tick, if applicable: ☐ Politically Exposed Person (PEP)  
☐ Related to a Politically Exposed Person (RPEP)  
☐ No

Name: _____	Signature across Photograph
Regd./Residential Address: _____	
Tel./Mobile No.: _____ DIN Number: _____	
Unique Identification Number(UID) / AADHAAR if Any: _____	
Relationship with Applicant: _____ PAN: _____ (12)	

Please tick, if applicable: ☐ Politically Exposed Person (PEP)  
☐ Related to a Politically Exposed Person (RPEP)  
☐ No

Name & Signature of the Authorised Signatory(ies)

Date \_\_\_\_\_

**Details of ultimate beneficial owner including  
additional FATCA & CRS information**

**\*Name of the entity**

**Type of address given at KYC KRA** ☐ Residential & Business ☐ Residential ☐ Business ☐ Regd. Off. ☐

Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes

**Customer ID/Folio Number**

**PAN**

**Date of Incorporation**  DD /  MM /  YY  YY

**City of incorporation**

**Country of incorporation**

**Entity Constitution Type** ☐ Partnership Firm ☐ HUF ☐ Private Limited Company ☐ Public Limited Company  
Please tick as appropriate ☐ Society ☐ Aop/BoiSociety ☐ Trust H Liquidator ☐ Limited Liability Partnership  
☐ Artificial Judicial Person ☐ Others specify \_\_\_\_\_

**Please tick the applicable tax resident declaration** ☐ Yes ☐ No

1. Is Entity\* a tax resident of any country other India. ☐ Yes ☐ No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax identification Number#	Identification Type (TIN or Other, please specify)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**# In case Tax identification Number is not available, kindly provide its functional equivalent \$**  
In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation/Tax residence is U.S. but entity is not a Specified U.S. Person, mention Entity's exemption code here

**FATCA & CRS Declaration**

*(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)*

**PART A** (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a,  
Financial institution ☒  
or  
Direct reporting NFE ☒  
(please tick as appropriate)

**GIIN**

**Note:** If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

**Name of sponsoring entity**

**GIIN not available** (Please tick as applicabe) ☒ **Applied for**

If the entity is a financial institution, ☒ Not required to apply for-please specify 2 digits sub-category

☒ Not obtained-Non participating FI

**PART B** (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1.	Is the Entity a publicly traded company' (that is, a company whose shares are regularly traded on a established securities market)	Yes <input checked="" type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2.	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input checked="" type="checkbox"/> (If yes, please specify name of the listed company any one stock exchange on which the stock is regularly traded) Name of listed company _____ Name of relation: <input type="checkbox"/> Subsidiary of the listed Company or <input type="checkbox"/> Controlled by a listed Company Name of stock exchange _____
3.	Is the Entity an active NFE	Yes <input checked="" type="checkbox"/> (If yes, please fill UBO declaration in the next section) Nature of Business _____ Please specify the sub-category of Active NFE <input type="checkbox"/> <input type="checkbox"/>
4.	Is the Entity an passive NFE	Yes <input checked="" type="checkbox"/> (If yes, please fill UBO declaration in the next section) Nature of Business _____

**UBO Declaration**

Category (Please tick applicable category) ☐ Unlisted Company ☐ Partnership Firm  
☐ Limited Liability Partnership Company ☐ Unincorporated association/body of individuals  
☐ Public Charitable Trust ☐ Religious Trust ☐ Private Trust  
☐ Others (please specify) \_\_\_\_\_

Please list below the details of controlling person(s), confirming ALL countries of tax residency/permanent residency/citizenship and ALL Tax identification Numbers for EACH controlling person(s).

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

Name - Beneficial owner / Controlling person	Tax ID Type - TIN or other, please specify.	Tax ID Type - TIN or other, please specify
Country - Tax Residency	Beneficial Interest - in percentage	Beneficial Interest - in percentage
Tax ID No. - or functional equivalent for each country"	Type Code - of controlling person"	Type Code - of controlling person"
1. Name _____ Country _____ Tax ID No. _____	Tax ID Type _____ Type Code _____ Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Address _____ ZIP _____ State: _____ Country: _____
2. Name _____ Country _____ Tax ID No. _____	Tax ID Type _____ Type Code _____ Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Address _____ ZIP _____ State: _____ Country: _____
3. Name _____ Country _____ Tax ID No. _____	Tax ID Type _____ Type Code _____ Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Address _____ ZIP _____ State: _____ Country: _____

# If passive NFE, please provide below additional details.

**PAN/Any other Identification Number**

(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others)

City of Birth - Country of Birth

Occupation Type - Service, Business, Others

Nationality

Father's Name - Mandatory if PAN is not available

DOB - Date of Birth

Gender - Male, Female, Others

1. PAN		Occupation Type		DOB	D	D	/	M	M	/	Y	Y	Y	Y
City of Birth		Nationality		Gender	Male	<input checked="" type="checkbox"/>	Female	<input checked="" type="checkbox"/>						
Country of Birth		Father's Name		Others <input checked="" type="checkbox"/>										
2. PAN		Occupation Type		DOB	D	D	/	M	M	/	Y	Y	Y	Y
City of Birth		Nationality		Gender	Male	<input checked="" type="checkbox"/>	Female	<input checked="" type="checkbox"/>						
Country of Birth		Father's Name		Others <input checked="" type="checkbox"/>										
3. PAN		Occupation Type		DOB	D	D	/	M	M	/	Y	Y	Y	Y
City of Birth		Nationality		Gender	Male	<input checked="" type="checkbox"/>	Female	<input checked="" type="checkbox"/>						
Country of Birth		Father's Name		Others <input checked="" type="checkbox"/>										

# Additional details to be filled by controlling persons with tax residency/permanent residency/citizenship/Green Card in any country other than India.

\* To include US, where controlling person is a US citizen or green card holder

" In case Tax Identification Number is not available, kindly provide functional equivalent.

**FATCA & CRS Terms and Conditions**

The Central Board of Direct Taxes has notified Rulers 114F to 114H, as part of the Income-Tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the propose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you. Please ensure you advise us promptly, i.e. within 30 days.

Please note that you may receive more than one request for information. If you have multiple relationships with (Insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explationation and attach this to the form.

**Certification**

I/We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Name

Designation

(41)

Place: \_\_\_\_\_

Date: \_\_\_\_\_

First Director/Partner/Trustee Second Director/Partner/Trustee Third Director/Partner/Trustee